

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 164
Registered No. 164

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helen Popovich

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other no 5. Legitimate? yes 6. Date of birth Aug. 30, 1929
Month Day Year

8. FATHER

Full name Sam Popovich

9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Montenegro
(State or country)

13. Occupation miner
Nature of industry

14. MOTHER

Full maiden name Mildred Saban

15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Pittsburgh, Pa
(State or country)

19. Occupation Housewife
Nature of industry

20. Number of children of this mother Two (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Two (b) Born alive but now dead none (c) Stillborn none 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN & MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:07 A.M. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. F. Harper

Address Globe, Arizona
(Physician or midwife.)

Given name added from a supplemental report _____
Month, day, year

Filed 9/7 1929 H. E. Delaghabian Registrar

878-820-405